CLAIMS ONLY								Application-Number 304 Filing Date							
							Applic	_							
							* May	* May be used for additional claims or amendments							
CLAIMS	AS	FILED	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		\Box		*		*		•		
	Indep	Indep Depend		Indep Depend		Depend	<u> </u>		Indep	Depend	Indep	Depend	Indep	Depend	
1	(T	Indep		5								
3		'	 	 			5:		ļ					·	
4		 '\	 	 		\vdash	54		 						
5							55								
7		 	-	_			56 57								
8		``\			<u> </u>		58		ļ — — —						
9		1					59					_			
10 11	 	1	 	 			6		 			 			
12		,					62								
13		1					63								
14 15		\ 	 	 	 		65					<u> </u>			
16	·	1					66								
17)					67								
18 19		1	 	 	<u> </u>		68								
20		ì					70)							
21		,	-				71								
22 23	,	1	- 	 			72								
24	i		Ţ				74								
25)		1			75								
26 27		 '		 	 		77								
28		İ		,			78								
29 30		<u> </u>		1			79 80								
31		 }	<u>-</u>				81							******	
32							82	:							
33 34							83								
35							85								
36							86								
37 38							87		-						
39							89								
40							90								
41 42							91								
43							93								
44							94								
45 46							95								
46							97								
48							98								
49 50				-			10								
Total	.7	1	-	 			Total			1				1	
Indep			\				Inde	2							
Dopona	1		(e <	<u> </u>			Total Depe	nd			•			! 	
Total Claims	30)				Total Clain								